

**ACTUARIES WITHOUT BORDERS (AWB®)
GLOBAL MENTORSHIP PROGRAM**

MENTOR APPLICATION FORM

Full name (first name, last name): _____

Country: _____

Please list the country in which you are currently living.

City: _____

Please list the city in which you are currently living.

E-mail address: _____

Secondary e-mail address (optional): _____

Please provide another email address where we can reach you.

Telephone number with area code: _____

Please select your age group:

☒ 20-29

☐ 40-49

☐ 60-69

☐ 30-39

☐ 50-59

☐ 70+

Gender (Male/Female): _____

Highest education achieved: _____

Professional Association Membership(s) achieved: _____

Actuarial experience (Please check all that apply and state how many years of experience do you have in checked area):

☐ Life Insurance_____

☐ Health Insurance_____

☐ General (Property & Casualty) Insurance_____

☐ Pension_____

☐ Social Security_____

☐ Investment/Finance_____

☐ Risk Management_____

☐ Consultancy_____

☐ Education/Academic_____

☐ Government_____

☐ Banking/Investment Bank_____

☐ Reinsurance_____

☐ Other_____

Actuarial developing countries experience: Please indicate the countries, number of years of experience and field of experience:

What type(s) of actuarial business would you be most interested in mentoring?

In which languages, other than English, would you be comfortable mentoring (if any)?

☐ French (beginner, elementary, intermediate, upper intermediate, native)

☐ Spanish (beginner, elementary, intermediate, upper intermediate, native)

☐ German (beginner, elementary, intermediate, upper intermediate, native)

☐ Other _____

How would you describe a successful mentoring relationship?

Is there anything else you'd like us to know?

We will always try to find the perfect match for you based on the information you've provided us in your application. Is there anything else you would like us to take into consideration when matching you? Do you have any other experience or skills that you might like to put to use when working with a mentee?

What do you hope to learn or gain through a mentoring relationship?

Please tell us about any learning or growth objectives you have for your mentoring relationship.

THANK YOU AND GOOD LUCK!

Thank you for your interest in becoming a mentor and please remember to submit a .pdf copy of this form to AWB-MET@actuaries.org. AWB's project team will review your application and be in touch over email.